

Will Work for Free

Jonathan S. Jones, MD FAAEM
Assistant Editor, *Common Sense*
YPS Vice President



I don't know about you, but I can't remember ever seeing a sign with this statement. I've seen the typical signs and some less than typical, but never, "Will Work for Free." However, I know this sign exists as apparently I've been carrying it around with me for quite a while. Perhaps you remember a small ad in the May/June issue of *Common Sense* announcing the call for an

Assistant Editor. The announcement said something vague about a lot of work and zero pay. It sounded like the perfect job, so I applied.

As the new assistant editor, I first want to thank you for being an active member of AAEM. Without active members, there would be no *Common Sense* and without *Common Sense* there wouldn't be this wonderful job opportunity. Thank you for reading and thank you for engaging. As assistant editor, I have no agenda to promote, because that's not what assistants do. However, I do have interests and ideas on how to help keep *Common Sense* successful, and I want to share a little about these.

I've been an AAEM member for about seven years (ever since I finished residency). I knew very little about AAEM during residency but that changed quickly once I graduated. I started my career in academics (and have stayed in academics for my entire career so far) and was told that because I was an academician, AAEM didn't really apply to me. Either because I'm stubborn and stupid or maybe insightful and intelligent, I ignored that advice and joined the Academy.

As I began my EM career, AAEM appealed to me because I felt they represented real standards and values. Prior to joining I didn't read the official vision or mission statement, but I did pick up a copy of *Common Sense* which I found lying around the ED. I don't remember any of the articles but to me, they all seemed to have the same theme. From the President's Message all the way to the advertisements and the job bank, everything just seemed to be about delivering expert care to patients and protecting those who provided it. There wasn't much about billing and coding or sign-on bonuses. There was discussion about protecting EPs who practice good medicine, but annoy the hospital's surgeons. There was discussion about the importance of residency training. There was discussion about EPs only reporting to their patients and not to a corporate entity.

The cover of *Common Sense*, then as now, states "The Newsletter of the American Academy of Emergency Medicine." To me, then as now, that seems like the only lie published. Per Merriam Webster, a newsletter is "a short written report that tells about the recent activities of an organization." Maybe I skipped that part of the issue, but that's not what I got out of reading it. I decided to join AAEM because what I read excited me. It made me proud to be an Emergency Physician. It made me a little mad and nervous too. It made me realize that while practicing emergency medicine is the best job in the world, it might not stay that way.

Another word is defined by Merriam Webster as "a written statement declaring publicly the intentions, motives, or views of its issuer." To me that is what *Common Sense* is. And that is why it is so important. It is not written by one person or by the board of directors. *Common Sense* is written by AAEM members. Sometimes the articles are controversial, sometimes not. Authors may disagree with each other. But to me at least, the ultimate message is always the same: that patients deserve expert care, that physicians need to be allowed to provide expert care, and that expert emergency care is only provided by emergency medicine specialists.

I think that second definition fits a little better. It's gotten a bit of a bad rap recently, but the second word defined is "manifesto." Maybe that should be the new tagline: "*Common Sense* — The Manifesto of the American Academy of Emergency Medicine." OK, maybe not.

This is why I wanted the job of assistant editor though. Andy Walker is doing an amazing job as the editor and all the contributors are working hard to make this a worthwhile publication and one that continues to inspire and engage EPs. I thought that maybe I could help out. Over the last year or so, I've written a few articles for *Common Sense*, mostly through the YPS section. Some have been less than enthralling, I know. Others have generated some discussion, feedback, and "Letters to the Editor." I'll try to produce more of the latter.

In my last article in the May/June issue, I stated a few opinions of mine and asked a few questions. I also published my email address asking for feedback. It appears that the most controversial topic concerned mid-level practitioners. I stated that I felt that emergency care provided by non-physicians is not expert care. I then asked if we were prepared to eliminate mid-level practitioners from the ED. Maybe I'll get fired after my first week on the job, but I can't see ever changing my opinion that expert emergency care is only provided by emergency medicine trained physicians. However, as suggested in "From the Editor's Desk" in the same issue, the answer to the question about mid-level practitioners may be another question: Does every patient presenting to the ED require expert emergency care?

I'm not sure that *Common Sense* will answer every question members have about emergency medicine and that seems just fine. In fact, with the exception of knowing the date and location of the next scientific assembly, it seems to me that if you have more questions than answers after reading an issue, then it was a good issue. Other than the routine tasks of editing, that will be what I work towards.

As the program director of the EM residency at the University of Mississippi Medical Center in Jackson, MS, I also obviously have a keen interest in students and residents and so I will work to engage students and residents as well as young members. I also want to make sure that any resident or new physician picking up an issue of *Common Sense* has the same initial reaction to it that I did.

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Thankfully, I don't have to do this alone. Nor do I have to do it only with the help of the current editor, Andy Walker. We're not the only ones who thought a job with a lot of work and zero pay sounded like a good idea. This Academy was founded by such people and has grown by the work of such people, and I'm pretty sure that everyone reading this right now is such a person. Maybe we're all suckers, but we're also all dedicated to our cause. We're dedicated to EM and to our patients.

Organizations do not grow and thrive because their members are motivated by profit or personal gain. Rather, they thrive when their members

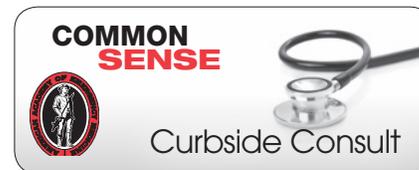
are motivated by a common vision. The Academy's vision is, "A physician's primary duty is to the patient. The integrity of this doctor-patient relationship requires that emergency physicians control their own practices free of outside interference." I did not know this when I joined, and I feel fairly confident that most members did not know it either. I'll try to make sure that every single EP knows this vision, maybe not verbatim, but in essence. But I'll need some help. Let's make sure this isn't just a newsletter. Share your knowledge, experience, and opinions. Contribute to *Common Sense*. ■

Do You Have Locum Tenens Experience?

We are looking for emergency physicians with experience in locum tenens work who would be willing to share their experiences for an upcoming *Common Sense* article. We are hoping to put together a brief comparison between companies, as well as gather insight into what emergency physicians think of their locum experiences. If you would be willing to assist with this, please contact Christopher Thom at ct9k@virginia.edu.



We're listening, send us your thoughts!



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Letters to the Editor

Jonathan S. Jones, MD FAAEM
Assistant Editor, *Common Sense*
YPS Vice President

A "Letters to the Editor" feature is now available on the *Common Sense* section of the AAEM website. Members must log in with their AAEM username and password to read or post letters, or to comment on letters (www.aaem.org/publications/common-sense). If necessary, you may request that we post your letter anonymously and such requests will be reviewed on a case-by-case basis. The letters that I think are interesting, entertaining, educational, provocative, or of general interest, will be printed in *Common Sense*.

I hope to hear from many of you, even if you are criticizing me. I need your feedback to make *Common Sense* an interesting read and a good use of your time. I also want it to attract new members to the Academy. If you like something you see, let me know. If I make you mad, let me know. Especially if I make you mad. I want the "Letters to the Editor" feature to become a forum for civilized but vigorous argument, and the more vigorous the better.

— The Editor

Letter in response to the May/June 2014 "YPS News" article titled "Why Don't EM Physicians Reproduce":

I agree with your statements but would like to add one: The use of patient satisfaction surveys negate the importance of expert emergency care provided by board certified EPs.

If the patient is always right, then you do not need the expertise of a trained EP. If achieving high satisfaction scores by meeting unrealistic preconceived notions propagated by non-physicians and marketing executives has become the current goal in EDs across the country, the EPs will be forced to choose between providing good care and self-preservation.

Under this current system, we don't need any more experts. Every patient is their own expert. Until we start demanding to be treated like the limited resource that we are, this will not change.

Dave Bryant, DO FAAEM

Thank you for your letter and I couldn't agree more. Multiple recent studies have explored the relationship between patient satisfaction and outcomes and I presume that many more studies are underway. I am proud of the family of medicine's commitment to practice evidence based medicine and willingness to change practice based on that evidence. I am interested to see if administrators will be similarly committed to changing practice based on evidence.

— The Assistant Editor

Letter in response to the May/June 2014 "YPS News" article titled "Why Don't EM Physicians Reproduce":

Thank you for writing in *Common Sense*. I wonder why you say, "Are we ready to eliminate mid-level practitioners from the ED?" I am also wondering if you have read Dr. Walker's "From the Editor's Desk" article in the same issue of *Common Sense*. His article, about the percentages of patients with minor problems coming to EDs, would support more mid-level practitioners in EDs and not less. Certainly I am unaware of a move to eliminate mid-levels from EDs. Why do you want to do this? Your article does not make a case for such.

Are there plenty of ED patients who could be seen by mid-level practitioners? Are mid-level practitioners working with EPs cheaper than more EPs? Are there plenty of locations that have difficulty attracting EPs? I say we need to train more mid-level practitioners. I prefer that an ED with low acuity patients have several mid-levels and one or two EPs. I prefer that the mid-levels be directed by an EP.

However, in the current state of ED staffing there are not even enough EPs to supervise the mid-levels in many EDs. We don't need to eliminate the mid-levels but do need more EPs working with mid-levels.

In Colorado we still have EDs run by family practitioners turned ED docs. We have plenty of mid-levels in the EDs. Some places have family docs supervising mid-levels in the ED. Some places have an EP on call to the ED while the mid-level sees the patients. The EP comes in when called by the mid-level or when it gets so busy that the mid-level is falling behind. None of the above situations would support complete EM trained coverage. The system and the patients don't need it. The cost would be extreme. And I don't believe that patient care is suffering. Do you have evidence to the contrary? I just can't see why we would do this.

Anthony DeMond, MD MAAEM FAAEM

Thank you for your letter. As you mentioned, Dr. Walker's column in the same issue may have pointed us in the right direction, or at least asked another interesting question. As you, I am unaware of any move to eliminate mid-levels from the ED and in fact I would not support such a move. I stated, "Emergency care provided by non-physicians is not expert care." This is my opinion and I will always believe it, otherwise, I am not sure why I have been studying and working so hard for the last 15 years of my life. This statement does not mean that non-physicians have no role in an ED or cannot provide expert care in an ED. I asked the questions I did in an attempt to generate discussion on solutions to the problem of not enough EM trained physicians.

I agree that mid-levels will likely play a role in providing patients expert care. However, I strongly feel that the most complicated and dangerous

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patient is the undifferentiated patient, i.e. the emergency medicine patient. Dr. Walker correctly points out that not only do many of our patients not have an emergent medical condition, but that many of them do not even present as undifferentiated patients. I propose that these patients do not need expert emergency care. An effective model to deal with this reality could be similar to what you suggest: a team of highly qualified nurses and mid-levels working with a single similarly qualified EP. This

group could likely provide expert emergency care to double, triple, or quadruple the number of patients cared for by one EP now. However, I see many obstacles in the way of making this a reality, not least of which is the current onerous, ineffective, and inefficient documentation standards and processes. ■

— The Assistant Editor



Congratulations – AAEM Physicians Certified for 30 Years

This year, the American Board of Emergency Medicine (ABEM) is recognizing emergency physicians who have marked 30 years or more of being board certified in emergency medicine.

AAEM joins with ABEM in recognizing the dedication these physicians show to our specialty, the recognition of the value of board certification, and their commitment to caring for acutely ill and injured patients. Thank you.

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